

**FORM M15**



**Certification of Actual Practice**

I certify that I have been lawfully engaged in the practice of law as my principal means of livelihood for five of the last seven years in the following jurisdictions that are reciprocal with the State of Connecticut:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
jurisdiction date date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
jurisdiction date date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
jurisdiction date date

\_\_\_\_\_  
Applicant